

# SERVICE AGENCY APPLICATION WEIGHTS AND MEASURES

COMPLETE PER INSTRUCTIONS ON BACK. ATTACH ADDITIONAL SHEETS IF NECESSARY

## SERVICE AGENCY INFORMATION

1. CORP. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNER <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/>			2 a. NAME, TITLE AND ADDRESS OF SOLE OWNER, PARTNERSHIP & CORPORATION OFFICERS					
2. BUSINESS NAME			(1)		(2)			
			(3)		(4)			
3. MAILING ADDRESS								
CITY	STATE	ZIP	2 b. NAME & ADDRESS OF PERSON IN CALIFORNIA AUTHORIZED TO ACCEPT SERVICE OF SUMMONS					
EMAIL ADDRESS	TELEPHONE							
<b>4. PRIMARY MAINTENANCE LOCATION INFORMATION</b>			<b>7. ADDITIONAL MAINTENANCE LOCATION INFORMATION</b>		<b>8. AGENT INFORMATION (Print or Type Names)</b>			
STREET ADDRESS			7 a. STREET ADDRESS		1. NAME			
CITY	STATE	ZIP	CITY	STATE	ZIP			
COUNTY	TELEPHONE		COUNTY	TELEPHONE				
<b>5. INDICATE TYPE OF DEVICE(S):</b>			7 b. STREET ADDRESS		LICENSE NO.			
A <input type="checkbox"/> Retail Meter B <input type="checkbox"/> Wholesale Liquid Meters C <input type="checkbox"/> Electric Watthour Meters D <input type="checkbox"/> Retail Market Scales E <input type="checkbox"/> Other Scales F <input type="checkbox"/> Taximeters-Odometers G <input type="checkbox"/> Moisture Meters H <input type="checkbox"/> Farm Milk Tanks I <input type="checkbox"/> Water Vendors J <input type="checkbox"/> Vapor Meters K <input type="checkbox"/> Propane Liquid L <input type="checkbox"/> Mailing Systems M <input type="checkbox"/> Other			CITY		STATE	ZIP		
			COUNTY		TELEPHONE		LICENSE NO.	
			7 c. STREET ADDRESS		4. NAME			
			CITY		STATE	ZIP	LICENSE NO.	
			COUNTY		TELEPHONE		5. NAME	
			7 d. STREET ADDRESS		LICENSE NO.			
			CITY		STATE	ZIP	<b>9. FEES</b>	
			COUNTY		TELEPHONE		PRIMARY LOCATION	\$200.00
			7 e. STREET ADDRESS		NO. OF	ADD'L LOCATIONS @ \$100.00		
			PRINTED NAME		CITY	NO. OF	AGENTS @ \$25.00	
TITLE		COUNTY	TELEPHONE					
DATE	TELEPHONE		<b>DO NOT SEND CASH</b>		<b>TOTAL REMITTANCE</b>			

PLEASE SEND THIS APPLICATION AND A CHECK OR MONEY ORDER PAYABLE TO: CDFA, P. O. BOX 942872, SACRAMENTO, CA 94271-2872

## INSTRUCTIONS

1. Check the box that applies to the ownership of the business.
2. This is the person(s) or corporation(s) that owns the business. If the business is a corporation or limited liability company (LLC), show the corporation name only. This is the name that will appear on the service agency registration certificate.
  - 2a. List the name, title, and address for the sole owner, members of a partnership, limited partnership (LP), officers of a corporation, or limited liability company (LLC).
  - 2b. If the business is a corporation or a limited company, indicate the name of the authorized agent to accept service of legal notice.
3. The mailing address is the location where all correspondences will be mailed. Provide a daytime telephone number we can call if additional information is needed.
4. Enter the address of your primary location in the area.
5. Please check the appropriate boxes for the type of device(s) on which your company works.
6. This signature shall be that of a person who has the authority to act as a legal representative for the agency along with the telephone number.
7. If you have additional maintenance locations, please enter them in 7a, 7b, and 7c, etc. Use additional sheets if necessary.
8. All agents must be licensed and listed.
9. The fees are for this initial application. If additional locations or agents are added, additional appropriate fees are required PRIOR TO OPERATION, otherwise, penalties will apply.

### **IT IS THE SERVICE AGENCY'S RESPONSIBILITY TO KEEP ALL INFORMATION AND FEES CURRENT.**

If you need additional information, write the Division of Measurement Standards, 8500 Fruitridge Road, Sacramento, CA 95826, telephone (916) 229-3000, fax (916) 229-3026, or refer to the Service Agent web address <http://www.cdffa.ca.gov/dms/InfoGuides/RSA.htm>, e-mail address DMS@cdffa.ca.gov.

The Department of Food and Agriculture has established time periods for the processing of permit applications in compliance with Government Code Sections 15274-15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, P.O. Box 942871, Sacramento, CA 94271-0001, pursuant to regulations set forth in Title 3, California Code of Regulations, Section 300. Under certain circumstances, the Secretary may order that the applicant receive reimbursement of filing fees.